

CIGARETTE HABIT, THE: A Scientific Cure—Arthur King. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, N. Y., 1959. 96 pages, \$2.00.

The author of this small monograph divides smokers into four general groups:

1. The light smoker. One who smokes up to 15 cigarettes a day, or smokes a pipe or tobacco. He states he is "fully convinced that smoking is probably good for these people, in terms of pleasure, relaxation and sociability."

2. The medium smoker. One who averages about a pack a day around the calendar.

3. The heavy smoker. One who smokes from 20 to 30 cigarettes a day, who often shows marked irritability when he discontinues smoking, and who is only a short step from the next classification!

4. The cigarette addict. This man smokes as much or more than the heavy smoker, but smokes in a different fashion, inhaling deeply or compulsively and apparently getting some extra pleasure out of the habit.

He estimates that about 5 per cent of smokers fall in the first class, 45 in the second, 40 in the third and perhaps 10 in the last. He then outlines a program of discontinuance, aimed chiefly at the addict. This amounts to a series of more or less elaborate steps, many of them timed to a calendar, and most amounting to self-hypnosis. Given the proper type of character to start with, this reviewer sees no reason why the steps should not be successful. They involve the securing of some caffeine tablets, some antihistamine capsules, some throat lozenges, some dextro-amphetamine sulfate tablets and for the real addict some phenobarbital pills. There is an hourly time schedule for the 21 days of "decompression."

The author discusses the hypothesis that cigarettes are a causal factor in lung cancer. Since so many heavy smokers do not get lung cancer he believes that there is some other important factor involved, apparently constitutional. That he is prejudiced on behalf of the weed is indicated by the final quote from James Russell Lowell:

"A lone man's companion, a bachelor's friend, a hungry man's food, a sad man's cordial, a wakeful man's sleep, and a chilly man's fire . . . there's no herb like unto it under the canopy of heaven."

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CLINICAL OBSTETRICS AND GYNECOLOGY—Vol. 2 No. 4—A Quarterly Book Series—Symposium on Cesarean Section edited by Edwin J. De Costa, M.D., and Symposium on Advances in Gynecologic Surgery edited by S. B. Gusberg, M.D. Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 49 East 33rd Street, New York 16, N. Y., 1959. 1228 pages. \$18.00 a year for four consecutive numbers issued quarterly (subscription only).

This is the December 1959 issue of the quarterly Clinical Obstetrics and Gynecology. Its subjects are cesarean section, ably edited by Edwin J. De Costa, and advances in gynecologic surgery, edited by S. B. Gusberg in an equally satisfactory manner.

De Costa himself writes of indications for cesarean section. He emphasizes the relative safety of the operation today and expounds upon the improvement in general maternal mortality which has resulted from its use in such conditions as placenta previa, premature separation of the placenta, dystocia, and many others. The most frequent indication in 1959 was previous cesarean section. The overall incidence in modern obstetrical practice varies from 2 to 10 per cent with an average of about 5 per cent. The mortality is approximately 0.2 per cent, though figures as low as 0.08 per cent have been reported.

Transabdominal techniques of cesarean section are described by H. L. Riva. The classical upper segment operation and the usual lower segment operations with transverse

or longitudinal uterine incisions are depicted. His techniques include far more suturing than is customary in my experience, including retention sutures, but the basic principles of the operations are well described.

Ralph Reis discusses cesarean hysterectomy noting the passing of the original indication for this procedure, infection. He feels that it is justified in certain cases in which myomata are present or very defective scars of previous sections, uncontrollable hemorrhage following cesarean section, carcinoma-in-situ of the cervix and placenta accreta. He further discusses cesarean hysterectomy for the purpose of sterilization and decries its use as a routine because of the increased risk of this operation over tubal ligation and the occasional unhappy psychological results of losing the uterus. He approves of this method of sterilization in selected cases.

Edward G. Waters describes his supravaginal extraperitoneal cesarean section and gives figures which attest the safety of the operation in many hundreds of cases.

Greenhill writes of anesthesia in cesarean section, including inhalation, spinal, and local infiltration techniques. He expresses his preference for local and documents its virtues.

Maternal mortality and morbidity following cesarean section are discussed by Richard D. Bryant. He, too, emphasizes the relative safety of the operation. His review indicates about 30 deaths per ten thousand sections. The leading causes of death are "miscellaneous, hemorrhage, infection, embolism and anesthesia." The danger of rupture of a section scar in a subsequent pregnancy is considered. He feels that repeat section is justified.

H. Close Hesseltine analyzes the material at the Chicago Lying-In Hospital to answer the question "Does cesarean section offer special benefit to the fetus for survival?" in the negative except when done for a specific condition which threatens the life of the fetus. In the absence of such indication he found the fetal mortality to be twice as high as in similar patients who had their babies vaginally.

D. Frank Kaltreider and W. F. Krone discuss delivery following cesarean section and point out the factors involved in the selection of cases and the safeguards which must be erected in conducting such labors. They express a preference for repeat cesarean section.

The final section deals with postmortem cesarean section and is written by Henry P. Lattuada. He suggests that it should always be done when the pregnancy has progressed to the 28th week and not more than 20 minutes has passed since the mother expired.

On the whole this is an excellent symposium and gives a good review of current opinion and results.

The second section of the book begins with operations for congenital anomalies of the uterus by Howard Jones of Baltimore. Aplasia of the Müllerian ducts, or its overt clinical manifestation, congenital absence of the vagina is described. The operation which Jones favors for correction is that of placing a mould covered by split thickness skin graft in a space created artificially between bladder and rectum. Excellent results have been obtained. Also described are rudimentary uterine horn, blind uterine horn and the various degrees of double uterus. The Strassmann operation for removal of a uterine septum and creation of a single chambered uterus is described. The problems of the double vagina are related.

Mastroianni and Buxton describe operations for infertility in the female. In order of frequency these were tubal plastic procedures, the lysis of pelvic adhesions, wedge resection of polycystic ovaries associated with amenorrhea and defeminization, the removal of myomata, uterine curettage, tracheloplasty and hymenotomy. The etiology of tubal disease, its diagnosis, and techniques of repair are described. The